

Washington State Department of Health
Immunization Program

Practice Name _____

Phone Number

County _____

[illegible]

Please return all Benchmarking Log sheets together by November 15, 2006 to: Wendy Lee, DOH Immunization Program, PO Box 47843, Olympia WA 98504-7843. **Forms may also be faxed to 360-236-2258.** page ____ of ____

Benchmarking – October 2006

Helpful Hints for Completing the Washington State Provider Benchmarking Log

Please read the following helpful hints to ensure an accurate patient count.
Thank you in advance for your time and attention.

1. **When:** Benchmarking begins **October 1st** and ends **October 31st**. Use the **2006 Log** enclosed.
2. **Who:** Record **ALL** Children in your practice < 19 yrs receiving state-supplied vaccine during October.
3. **Why:** Benchmarking is an annual activity required by the Centers for Disease Control and Prevention (CDC) to more accurately determine funding and vaccine needs for Washington State. It is also a requirement as part of the Provider Agreement you signed to receive state-supplied vaccine at no cost to you.
4. **Practice Name; Phone Number & County:** (Please enter this information on **ALL** Log Sheets.)
 - Use same name used on the Provider Agreement you signed to enroll in the program to receive state-supplied vaccine;
 - Provide the phone number of the best contact person in your office in case there are follow-up questions;
 - Provide the name of the county in which your clinic is located.
5. **Client Identifier:** This is an optional field for your office use only to help you identify each child vaccinated in October.
6. **Child's Date of Birth:** Enter the month, day, and year of each child's birth (mm/dd/yyyy). CDC requires this.
7. **Influenza Vaccine Question: New in 2006** - "Is child receiving influenza vaccine today?" Insert **Y** for yes or **N** for no.
8. **Remaining Columns:** This information is required by CDC. Put a check (**X**) in the column that applies for each child vaccinated. If you do not have this information, please ask client's parent/guardian. Answer each child's information to the best of your capability. Your billing staff can provide insurance status information.
 - a. **Private Insurance:** Mark this column if child has private insurance, even if insurance requires a deductible be met prior to paying for vaccinations and/or requires a co-payment.
 - b. **Medicaid Eligible:** Mark in this column if child receiving health insurance paid by State Medicaid Program. This would include Healthy Options, Medicaid Managed Care, Medical Coupons, Welfare, etc.
 - c. **No Insurance:** (self-pay) Mark this column if child does not have any health insurance.
 - d. **Underinsured:** Mark this column if child has health insurance, BUT coverage does not include vaccines, or covers only select vaccines, or caps vaccine cost at a certain limit. For example:
 - Insurance has a cap. Until cap is met, child is considered underinsured; OR
 - Insurance covers only certain antigens. Child is considered underinsured for only the antigens not covered.Note: If insurance covers vaccines, but requires a deductible to be met first and/or requires a co-payment, the child is considered to be insured.
 - e. ***American Indian/Alaskan Native:** All American Indian/Alaskan Native children automatically qualify for vaccine through the Federal Vaccines for Children Program. *(No tribal documentation required; self-reporting is sufficient.)
9. **More Forms:** Feel free to make copies of the attached 2006 Benchmarking Log form if needed. If you submit more than one log sheet, please fill in the page number and the total number of pages (see bottom right-hand corner of Log). Please make sure that all children receiving state-supplied vaccine in your clinic during October are recorded.
10. **Submitting Log Sheets:** After October 31st, please attach all of your completed Log Sheets together and send them in the enclosed self-addressed postage paid envelope(s), or FAX them to 360-236-2258, Attention: Wendy Lee.
11. **CHILD Profile:** If you are enrolled in the CHILD Profile Immunization Registry (CPIR), you may use that system to complete your Benchmarking activity as long as you use the system AND the "VFC Status" Section for ALL children vaccinated in October. Please see separate enclosed sheet describing procedures for using the Registry method.
12. **Questions?** Please contact Katherine Harris-Wollburg, VFC Program Coordinator, phone: 360-236-3513 or email: katherine.harris-wollburg@doh.wa.gov.